## FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMD ALLKOVAL	OMD ALLKOVAL	OMD ALLKOVAL	OMD ALLKOVAL		
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OMB Number: 3235-0076

Expires: May 31, 2005 Estimated average burden hours per

1129	322
SEC U	JSE ONLY
Prefix	Serial

DATE RECEIVED

Name of Offering ( check if this is an amer TurboGenomics, Inc. Convertible	ndment and name has changed, and indicate change.)  Notes w/ Warrants					
Filing Under (Check box(es) that apply): ☐ R Type of Filing: ☐ New Filing ☑ A	ule 504 □ Rule 505 ☑ Rule 506 □ Section mendment	4(6)				
	A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the i	ssuer	02056639				
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TurboGenomics, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)  265 Church Street, New Haven, CT 06510  Telephone Number (Including Area Code)  203-974-0470						
Address of Executive Offices 265 Church Street, New Haven, C						
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
Brief Description of Business Bioinformatics Application Service	ee Provider	PROCESSED				
Type of Business Organization		O CED A 5 2002				
☑ corporation	☐ limited partnership, already formed	SEP 0 2002(please specify):				
business trust	☐ limited partnership, to be formed	THOMSON				
Actual or Estimated Date of Incorporation or C		TACTUAL Estimated (2000)				
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for	State:				
	CN for Canada; FN for other foreign jurisdiction)	D E				

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDEN	NTIFICATION DATA		
2. Enter the information requested for the following:		·	
<ul> <li>Each promoter of the issuer, if the issuer has been organized with</li> <li>Each beneficial owner having the power to vote or dispose, or dissuer;</li> </ul>		10% or more of a cla	ass of equity securities of the
<ul> <li>Each executive officer and director of corporate issuers and of co</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	rporate general and managing p	partners of partnership	o issuers; and
Check Box(es) that Apply:	☐ Executive Officer	<b>⊠</b> Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Gardiner, Gregory E.			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o TurboGenomics, Inc., 265 Church Street, New Haven, CT 06510			
Check Box(es) that Apply:	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)  Thalberg, Beverly E.			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o TurboGenomics, Inc., 265 Church Street, New Haven, CT 06510			
Check Box(es) that Apply:	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Sherman, Andrew H.			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o TurboGenomics, Inc., 265 Church Street, New Haven, CT 06510			
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Scientific Computing Associates, Inc.			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o TurboGenomics, Inc., 265 Church Street, New Haven, CT 06510			
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)		·	
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Prostor Menopal			Total and			1.00	ATION ABO	OUT OFFEI	ang			eri ya di: <u>Sasta da jili</u>	
1.	Has the	issuer sold	l, or does th	e issuer inte	end to sell, t	o non-accre	dited investo	ors in this offe	ering?				Yes No
					Answer al	so in Apper	ndix, Columi	a 2, if filing u	nder ULOE.				
2.	What is	the minim	um investn	nent that wil	l be accepte	ed from any	individual?.						\$ 12,500.00
3.	Does th	ne offering j	permit joint	ownership	of a single	unit?							Yes No
4.	similar to be list list the	remunerat sted is an as name of the	tion for so ssociated p broker or	dicitation of a	f purchase gent of a f more that	rs in conn broker or in five (5)	ection with dealer regis persons to	sales of se tered with t	directly or in ccurities in the SEC and e associated	he offering or with a	g. If a state or	person states.	
Full	Name (	Last name f	irst, if indiv	/idual)								'	
Bus	iness or	Residence A	Address (No	umber and S	Street, City,	State, Zip C	Code)	_					
					•								
Nan	ne of Ass	sociated Bro	oker or Dea	ler									
Stat	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	···					
	(Check [AL] [IL] [MT] [RI]	"All States [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [IN] [NV] [SD]	ndividual S [AR] [KS] [NH] [TN]	tates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Full	Name (1	ast name f	irst, if indiv	ridual)									
Bus	iness or l	Residence A	Address (Nu	ımber and S	treet, City,	State, Zip C	Code)						
Nan	ne of Ass	ociated Bro	oker or Dea	ler								,	
State	es in Wh	ich Person	Listed Has	Solicited or	Intends to S	Solicit Purcl	nasers						
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	" or check i [AZ] [IA] [NV] [SD]	ndividual Si [AR] [KS] [NH] [TN]	(CA) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Full	Name (I	ast name fi	irst, if indiv	idual)									
Busi	iness or I	Residence A	Address (Nu	imber and S	treet, City,	State, Zip C	(ode)			<del>.</del>			
Nan	ne of Ass	ociated Bro	oker or Deal	ler	<u>.</u>								
State	es in Wh	ich Person l	Listed Has	Solicited or	Intends to S	Solicit Purch	nasers						
	(Check [AL] [IL] [MT] [RI]	"All States' [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	. All States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

			18. 1 1 13 Mr. 1 24 12 14 14 15 15
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Alread Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$3,000,000	\$1,984,980
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$_ 3,000,000	\$ 1,984,980
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	Ψ1,20-1,200
_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	45	\$ <u>1,984,980</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		· <del></del>
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	φ.
			<b>5</b>
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		 \$
	Legal Fees	×	\$11,000
	Accounting Fees		¢
	-		Φ
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky Filing Fees	Œ	\$2,300
	Total	×	\$13,300

Enter the difference between the aggreptal expenses furnished in response to Proceeds to the issuer."	ed gross proceeds to the issue or any purpose is not known, the payments listed must eq	r used or prop furnish an esti	"adjusted gross osed to be used mate and check	for each		\$ <u>2</u> .	<u>,986,700</u>
f the purposes shown. If the amount for the left of the estimate. The total of	or any purpose is not known, the payments listed must equ	furnish an esti	mate and check	the box			
			d gross procee	as to the			
					Payments to Officers, Directors, & Affiliates	Pa	yments To Others
Salaries and fees				🗆	\$	□]\$	
Purchase of real estate				🗆	\$	□\$	
Purchase, rental or leasing and instal	lation of machinery and equip	pment		🔲	\$	□}\$	
Construction or leasing of plant build	dings and facilities			🗆	\$	□] \$\$_	
				🗆	\$	□\$	
Repayment of indebtedness	🗆	\$	□ \$				
Working capital				🗆	\$	<b>E</b> \$	2,986,70
Other (specify):					\$	□ \$	
**************************************		- <u>.</u>					
		<u> </u>		🗆	\$	□ \$	
					\$	<b>E</b> \$	2,986,70
Total Payments Listed (column total	s added)				<b>≥</b> \$ 2,986.	700_	
	D. FEDER	AL SIGNAT	URE				
ving signature constitutes an underta	king by the issuer to furn	nish to the	U.S. Securities	and Exe	change Commission		
(Print or Type) OGenomics, Inc.	Signature Buwly	3 Ihai	beleg	Date August	<b>29</b> , 2002		
of Signer (Print or Type) ly E. Thalberg	Title of Signer Print Chairman	or Type)	1				
	Purchase of real estate	Purchase of real estate	Purchase of real estate	Purchase of real estate	Repayment of indebtedness	Purchase of real estate	Purchase of real estate

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
	ently subject to any of the disqualification provisio	
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to f 239.500) at such times as required by state law	•	hich this notice is filed, a notice on Form D (17 CFR
3. The undersigned issuer hereby undertakes to fu	mish to the state administrators, upon written reque	est, information furnished by the issuer to offerees.
	notice is filed and understands that the issuer claimi	tisfied to be entitled to the Uniform limited Offering ng the availability of this exemption has the burden of
The issuer has read this notification and knows th authorized person.	e contents to be true and has duly caused this noti	ce to be signed on its behalf by the undersigned duly
Issuer (Print or Type) TurboGenomics, Inc.	Signature  Bush & Thalley  Title (Print or Typp)	Date August 29, 2002
Name of Signer (Print or Type) Beverly E. Thalberg	Title (Print or Type) Chairman	
Develly E. Illaidelg	Chairman   //	,

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

				APPEND	1.X					
I		2	3			4		5 Disqualification		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount	of investor and purchased in State art C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL									-	
AK										
AZ							-			
AR										
CA		1	Notes w/Warrants \$3,000,000	10	\$280,000				✓	
СО										
СТ		1	Notes w/Warrants \$3,000,000	5	\$117,500	5			✓	
DE										
DC										
FL		✓	Notes w/Warrants \$3,000,000	1	\$25,000				✓	
GA										
HI										
ID										
IL		✓	Notes w/Warrants \$3,000,000	2	\$75,000				✓	
IN		✓	Notes w/Warrants \$3,000,000	1	\$75,000				✓	
IA		✓	Notes w/Warrants \$3,000,000	1	\$25,000				<b>✓</b>	
KS				· · · <del></del>		·				
KY										
LA						***************************************		·		
ME										
MD		!								
MA		<b>✓</b>	Notes w/Warrants \$3,000,000	2	\$75,000				✓	
MI		✓	Notes w/Warrants \$3,000,000	1	\$25,000				✓	
MN										
MS										
МО										
MT										

### APPENDIX

				APPEND	1X				
1		2	3			4		Disant	5 alification
			Type of security					under S	tate ULOE
	Intend to sell and aggregate to non-accredited offering price			Timo	of investor and		(if ye	s, attach nation of	
	investor	s in State	offered in state		amount	purchased in State		waive	r granted)
<u> </u>	(Part B	-Item 1)	(Part C-Item 1)		. amount purchased in State (Part C-Item 2)			(Part )	E-Item 1)
				Number of	:	Number of		i	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
NE									
NV						,			
NH	-								
NJ		✓	Notes w/Warrants \$3,000,000	4	\$125,000				✓
NM									
NY		✓	Notes w/Warrants \$3,000,000	10	\$437,500				✓
NC									
ND									
ОН									
ОК									
OR									
PA		✓	Notes w/Warrants \$3,000,000	1	\$25,000				✓
RI									
SC									
SD		, ,							
TN									
TX					-				
UT									
VT		:			:				
VA		<b>✓</b>	Notes w/Warrants \$3,000,000	11	\$500,000	0.0110			✓
WA		✓	Notes w/Warrants \$3,000,000	2	\$50,000				✓
WV									
WI									
WY									
PR									17714v1